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INTRODUCTORY LECTURE

TO THE

COURSE OF SURGERY

IN THE

UNIVERSITY OF EDINBURGH,

OCTOBER 24, 1882.

BY

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INTRODUCTORY LECTURE.

The Chair of Systematic Surgery in the University of Edinburgh is of comparatively recent foundation. The cause of this is not far to seek. For many years it was held conjointly with the Chair of Anatomy; as the range of anatomical science increased in scope and importance, and when, in 1736 the foundation of the Royal Infirmary by the Royal College of Physicians brought more prominently forward the practical aspects of surgical teaching, it was evident that the double work was too great for any one man. The Royal College of Surgeons early recognised this necessity, and in the interests of surgical science they petitioned the Patrons in 1777 to found a separate Chair. It was not, however, till the year 1831 that a Chair of Surgery was founded, and J. W. Turner was elected Professor of Surgery. He was succeeded in 1836 by the great physiologist and scientific surgeon Charles Bell. He in his turn was succeeded in 1842 by James Miller, and on his death in 1864, James Spence, whose loss we now mourn, became Professor of Surgery.

I well remember Mr Spence's Introductory Lecture, delivered in this class-room eighteen years ago before a crowded audience of students, former pupils, and friends. His leading thought,—The gradual growth of Surgical Science; his subject,—The Edinburgh School of Surgery. He laid special stress on the influence of John Bell and Robert Liston. Of John Bell he says, 'He was no ordinary man, but a real surgical genius, of great natural talents and imbued with that enthusiasm which is a mark of genius, and which does so much to create enthusiasm in others.' Of Liston he says, 'As a bold, and cool, and dexterous operator, I have scarcely seen his equal. His great power in diagnosis, the wonderful faculty he possessed of perceiving, as if by intuition, the true nature of a case in all its bearings, and of adopting adequate measures for its treatment was such as are rarely to be met with.'

Syme and Fergusson were then alive, and the time had not yet come to form an estimate of their great power for good. William Fergusson had gone to London, and was at that time at the height of his fame as a skilful surgeon, a brilliant operator, and, above all, a kind friend and adviser to any one from Scotland. Of this I have a very pleasant recollection, when, in 1867, he gave me sound advice in what was probably the turning point of my career, advising me to stay in Edinburgh, and not to migrate south as so many of my countrymen had done. He never forgot the land of his birth.

James Syme was then the leader of Scottish surgery, of whom it might truly be said in the words of that good kindly man, the author of *Rab and his Friends*, 'He was, I believe, the greatest surgeon Scotland ever produced.' 'He had that quality of primary minds of attaching permanently those he had relation to, his students never ceased to love him, and returned to him from all regions of the world.' As one of his pupils may I be permitted, in John Brown's words to say, 'Of what he was to me—his patience, his affection, his trust, his wisdom—and still more, what he might have been to me had I made the most of him it is not for me now to speak. He remains in my mind as one of the strongest, clearest, capablest, most valuable understandings; one of the warmest, truest hearts I have had the privilege and the responsibility of knowing.' It has often been a matter of surprise to me that Syme's works have never been re-issued in a collected form. They will always be classical. I feel sure of this that there are many of his old pupils who would gladly undertake the task.

Mr Spence, in his Introductory Lecture, pointed out to to us, his students, the great importance of Anatomy and Clinical study, of the Dissecting-room and the Hospital ward. He could speak with authority on these points, because he had been for many years a teacher of anatomy, and for fifteen years a surgeon in the hospital, and lecturer on surgery in the Extra-Mural School.

When we remember that Charles Bell held the Chair of Surgery in this University, Physiology must always play an important part in the surgical teaching. With our vivid recollection of the complete mastery James Spence had over all the details of Anatomy, we can never forget the paramount importance of anatomical dissection as the basis of surgical practice.

As many of you know, it has been my endeavour, during the last twelve years, to teach the Principles of Surgery from a physiological standpoint, the Practice of Surgery from an anatomical point of view. While I certainly will have difficulties as to the best way fully to utilise and develop the great opportunities for good which my present position affords, one thing I feel sure of is this, that in the future there will be no necessity for any departure from the method of teaching that I have always hitherto followed. I will be encouraged, in so doing, by the remembrance that I hold a position previously occupied by Charles Bell and James Spence.

It was my good fortune to be the pupil both of James Miller and James Spence. Miller, an eloquent lecturer, a brilliant operator, and a kind-hearted man ; Spence the representative, for some years before his death, of Scottish Surgery, the careful and painstaking surgeon, whose skill as a diagnostic surgeon was unrivalled.

You know how well he did his work as your Professor; he never forgot,—what has ever seemed to me THE reason why Edinburgh attracts so many students,—that teaching was his primary duty. His daily lecture, his hospital visit, were to him a time sacred to learning and teaching, and not to be lightly interfered with by the calls of practice, however urgent.

You know how hard he worked, of late the troubles of declining years interfering in no way with that thoroughness in all he did, and that daily round of arduous duties, the performance of which was to him his chief pleasure and his life-work.

I would desire to remind you of his avoidance of all show. I recall at the present moment the early days of the winter-session of 1862, the operating theatre in the Old Infirmary, Spence evidently pre-occupied, restless, and excusing his restlessness by an occasional glance at the instrument-tray, as if every knife and every needle had not been carefully examined and arranged by himself; the theatre crowded to the ceiling, a small sprinkling of practitioners amongst a host of students. The juniors, of whom I was one, were somewhat anxious, and perhaps not over-confident of their staying powers; the seniors, who had left the medical house to visit their old haunts and see

'Spence operate,' were there in great force, some perhaps thinking of the time when they were juniors, with heart-searchings of time mis-spent, never to be recalled, others in whispered comments recalling some dreadful operation which they had witnessed, patronising, but withal in a kindly fatherly manner, us juniors.

The patient was soon brought in, a pale but healthy middle-aged woman. She suffered from a large tumour of the neck. I need not detain you with an account of the operation; the time seemed to me short, it must have occupied an hour. During all that time Spence went on with his work quietly; little was said, but gradually the large growth, separated from its attachments, became more and more apparent, until at last it was removed, and a gap was left, exposing the carotid vessels, and the internal jugular vein from the angle of the jaw to the clavicle. That large blue vein is still vividly before me. I remember my only thought was, that man must be a good anatomist. This was my first lesson from James Spence; since that day it has been my great privilege to receive from him very many practical lessons and much kindness. It will be an evil day for the teaching of surgery in this School when the useful lessons which Spence taught are forgotten by his pupils. He was a skilful surgeon, a kind friend, and, above all, an honest man.

In his *Lectures on Surgery* he has left us a guide which will always be eminently trustworthy, more especially in those branches of practical surgery to which he devoted special attention. His Chapters on Hernia, Aneurism, Diphtheria, Croup, Stone in the Bladder, their diagnosis and treatment, are to my mind full of sound advice, and will always be read and acted upon, and Spence's name will be handed down as an authority in Practical Surgery.*

The term 'Introductory' may refer either to the lecturer or to his subject. Personally I am pleased to feel that I require no formal introduction. May I then be permitted to utilise what remains of this hour, and make it a part of the course on which we are now entering? To be useful, what I have to say must be more or less elementary; for this I cannot but feel that I owe an apology to those present, old friends and former pupils, who come here to welcome me in a new position, and to other kindly critics present, who have perhaps finished, or are now finishing, their University course.

While my remarks are more especially addressed to students of the second year who are commencing the study of surgery, I am well aware that there are some present fresh from school life who are only now beginning their medical studies, and who as yet consider it a privilege to attend an Introductory Lecture, and who can still enjoy their comparative freedom as University students, comparing it favourably with the rigour of school discipline with which very lately they were so well acquainted. May I as a friend say to them a passing word. In your present freedom there is a great danger: see that you use that freedom aright: remember that you are now University men: your school looks to you to be a credit to your up-bringing: your University hopes in the future to be proud of you; take this to heart, that your future prosperity very much depends on the way you spend your *first* year here. I earnestly entreat you to take great care what friends you now make. You will most certainly be tempted. Learn then above all things to be able to say 'No;' that is the whole business, and I have no fear of the result. 'Read carefully, do not be satisfied with a superficial understanding of a book, nor hastily give your assent to those who talk too much.'

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* PREFACE TO THE SECOND VOLUME.—'The last line of this volume had been corrected, the last proof returned from the hands of the printer, when death removed the Author from our midst; so the end of the work and of the worker have come together. The present edition is therefore in every way the perfect and ripe fruit of his experience.'—*June* 15, 1882.

Pardon me for this short digression; I could not help it. I have seen in my day many bright beginnings end only in disaster, self-reproach, and home misery. My audience is a large one; perhaps what I have now said may be of use to some one junior student now present.

The *Healing of Wounds* has from the beginning occupied the attention of surgeons. Rapidity of healing and freedom from pain during the process have mainly been sought after in their treatment. In saying a few words regarding wounds, I would first direct your attention to the treatment of a wound twenty years ago, when I was a student, comparing it with its treatment at the present time. I necessarily, in my comparison, take the practice of the school with which I am most familiar. Its practice, however, has always been a pretty good gauge of the work of practical surgeons. I do not wish to say that it has been foremost, but certainly it has always been among the first to institute or to adopt any improvements.

Twenty years ago, as at present, there were differences of opinion in minutiæ, but the practice of the majority at either period will be taken as the basis of our comparison. I will have no difficulty in showing that most remarkable alterations have taken place; and I will then ask you to look into the past history of surgery, and I think be able to show you that the present practice has been more than foreshadowed, and that much that is now done had been done long ago. In some minds there seems a tendency to dwell upon the so-called ignorance of our forefathers. I would assert the very opposite, and say that there were clear-headed, shrewd, and intelligent surgeons in those days who can most favourably be compared with the present generation. This assertion, if just, is a comforting one, and may encourage us to hope that any honest truthful work that is now being done, will be appreciated by our successors. If then I can show that the present practice of surgery is a revival of what was done in the past, it will be my endeavour in the next place to point out *the real difference*, and to show that, while surgeons formerly worked empirically, we are now working on a *scientific basis.*

The present practice and its results on general surgery will occupy our attention during the coming session. While I have no desire to prophesy concerning its influence in the future, or to predict its permanency, I would suggest, that if I can show that the whole history of practical surgery has been more or less an empirical struggle to overcome difficulties and dangers, the primary cause of which is now clearly understood, then this fact encourages the belief that the present change, in so far as it is founded on a scientific basis, will be a permanent one. The practical details will most certainly change,—are in fact daily changing,—and will be improved while the great primary truth on which it is founded will always be our standard. There is a great law governing our physical and mental well-being, namely, that growth and development are accompanied by change, that to stand still and make no advance must necessarily soon be followed by physical and mental decay.

Twenty years ago, in the treatment of any large recent incised wound, the bleeding arteries were tied with well-waxed silk ligatures. The ligatures were left long, and brought out at the corners, or at the most dependent part of the wound. Plenty of cold water was used to wash the wound ; the edges were brought together with silver stitches, and a piece of dry lint was laid over the incision, and retained in position by a bandage. As a rule this dressing was not touched till the second or third day, when it was removed in consequence of local uneasiness. This removal was always accompanied by a certain amount of pain, which was modified by soaking the lint with warm water before removal. Occasionally, in consequence of the absence of uneasiness, the lint was untouched for a longer period, and removed at the end of a week or ten days, to find that union by the first intention had taken place, except at the point or points where the silk ligatures emerged. Sooner or later these ligatures became loose, and were removed one by one when complete healing occurred.

The uneasiness complained of was due to local tension, as evidenced by redness of the lips of the wound. This redness and uneasiness were relieved by bathing with warm water, or by the application of warm water dressing (lint and gutta-percha), or by the removal of a stitch or stitches, when the confined discharge escaped as pus. If this pus had a disagreeable odour, then the cavity of the wound was gently washed out with a syringe filled either with simple warm water, or with warm water tinged with Condy's fluid. The wound was dressed night and morning, sometimes even more frequently, and gradual consolidation by means of union by the second intention took place.

I make no allusion to the constitutional dangers, of which every now and then sad examples occurred, sometimes sporadic, sometimes epidemic, except to say that the principal danger, termed pyæmia, was looked upon as in great part due to the constitution of the patients. The treatment of this danger was entirely curative—quinine, iron, and stimulants were freely administered. Prophylaxis did not occupy the practical mind, because the primary cause of the condition was unknown.

Now-a-days the treatment of a recent incised wound, as most of you know, is very different. The vessels are tied with catgut instead of silk, the ends of the ligatures are cut short, and we see no more of them. The wound is thoroughly washed with an antiseptic lotion, and a drainage-tube, a hank of catgut or of horsehair is introduced to the bottom of the wound, and brought out at a dependent point. The wound is stitched, and a dressing is applied, the essential feature of which is that it contains some antiseptic. This dressing is not interfered with until the discharge soaks through it or appears at its edges, or unless the wound is painful. This pain is due to an imperfect application of the drainage. The wound is never exposed to the air, but is examined under cover of a cloud of antiseptic vapour. The wound, as a rule, heals without suppuration and without pain.

Here, then, we have two very different pictures: the main differences between them seem to be, ligatures of catgut instead of silk, free drainage, and antiseptic precautions. Are any of these methods really new? Physic of New York, Astley Cooper, and others, used catgut; John Vigo and Ambrose Paré recommended drainage-tubes; Würtz alludes to drainage by means of a hank of horse hair; Guy de Chauliac, Vigo, Arcæus, Würtz, Purmannus, Ambrose Paré, Colbatch, and others, used various antiseptics,—turpentine, alcohol, camphor, myrrh, and various resins. External dressings were applied containing antiseptics. Watson Cheyne, in his recent valuable work on *Antiseptic Surgery*, speaks of Arcæus's treatment as 'a fair antiseptic method, and not far removed from an aseptic one.' These surgeons whom I have named flourished between 1350 and 1750.

During these centuries we find, in the great majority of the surgical works, that much stress is laid upon putrefaction. We find, for example, that Guy de Chauliac, Vigo, and Woodall, define a wound as a solution of continuity—fresh, bloody, and free from putrefaction; and they speak of their remedies as of use in preventing and curing putrefaction. Not only do they mention putrefaction as an evil thing, but we find that Paré, Würtz, Magatus, Colbatch, Belloste, Heister, Benjamin Bell, Alexander Munro and Abernethy, all considered that the entrance of air into the wound is in some unknown way associated with inflammation and unsatisfactory healing, while Paré and Magatus, in the beginning of the sixteenth century, tell us that the air is charged with miasms, and warn us to avoid such air.

In consequence more especially of the teaching of John Hunter and John Bell towards the end of the last and the beginning of this century, these views with regard to the evil effects of the air were almost entirely lost sight of. In consequence, more especially of the teaching of Syme and Liston, simplicity of dressing, such as I have described as made use of in 1860, was the rule in surgical practice. At the same time it is to be noted, that the valvular openings recommended by Abernethy, the aspirator long ago recommended by Delacroix and Anel, and Sub-cutaneous Surgery generally, retained their place in the practice of surgery.

In the beginning of the present century chemists, scientific men, having no knowledge of, and altogether apart from the practice of surgery, began the study of fermentation, described the products of the process, and searched after the cause. Schwann demonstrated that the oxygen in the air was not the cause, and in 1836 he and Cagniard de Latour discovered independently the yeast plant, and its constant association with alcoholic fermentation. After a time this plant was shown to be the cause of the alcoholic fermentation. Pasteur, in 1858, made the next great step, and pointed out that putrescence is a form of fermentation, and brought forward the doctrine that this is due to organisms planted in a putrescible substance. This doctrine has, up to the present day, been termed the germ theory of putrefaction. This theory is now proved to be correct, and as we speak of Newton's Law of Gravitation, so I am of opinion that we are now in a position to speak of Pasteur's Law of Fermentation. All this work, it will be observed, was done by scientific men, apart from and apparently unconnected with the practice of surgery.

For some years before 1860 there were various indications that this scientific work was soon to be utilised in surgical practice, and there can be no doubt that to Lemaire the credit is undoubtedly due of having first *seen* the connection. He used coal tar and carbolic acid as disinfectants in wounds. It is unnecessary to inquire the reason why the work of Lemaire did not gain general acceptance. The fact undoubtedly exists, that his ideas were not adopted by the majority, and that they were even abandoned by those surgeons who had given them a trial.

I would now direct your attention to a paper by Joseph Lister, in the *Lancet*, March 16, 1867. The paper is entitled, 'A New Method of treating Compound Fractures, Abscess, etc.' Lister, in this his first paper on the subject, gives us the key-note to the position which he then took up, and to which he has ever since strictly adhered. In that paper, after pointing out that the decomposition which occurs in a compound fracture is due to the access of the atmosphere, he says, 'We find that a flood of light has been thrown upon this most important subject by the philosophic researches of M. Pasteur, who has demonstrated, by thoroughly convincing evidence, that it is not to its oxygen, or to any of its gaseous constituents, but to minute particles suspended in it, long regarded as merely accidental concomitants of putrescence, but now shown by Pasteur to be its essential cause.' He then adds, 'All that is requisite is to dress the wound with some material capable of killing these septic germs.' Here, then, it will be noted that Lister from the first adopted Pasteur's Law as the basis of his practice; and having adopted this law, he then searched out a substance by which he hoped to attain his object. He tells us that in 1864 he was much struck by the advantages obtained by mixing carbolic acid with the sewage of the town of

Carlisle. This knowledge encouraged him to try carbolic acid. It is not my intention to dwell upon the gradual development of the practical details. In March 1865 Lister made his first attempt to form an antiseptic crust, using lint soaked in carbolic acid. This was a failure. After many anxieties and by learning a good deal more from his mistakes than from his successes, always steadfastly holding to the primary doctrine, he experimented first in Glasgow and then in Edinburgh, until in 1871 he elaborated that dressing which is now associated with his name. During all these years Lister was doing a double work; he was trying to perfect the practical details, while he was at the same time working at the germ theory, and doing very much to strengthen the scientific basis of his practice.

Many are now working at the practical details. The theory has now become a law. New antiseptics are being daily introduced, and when a more reliable one than carbolic acid for general use has been discovered, no one will more gladly use it than Lister. Much harm has been done by calling his method of treatment the Carbolic Acid Method, the sole object which he has always had in view being not the use of any special antiseptic or any special plan of treatment, but a method which will enable the surgeon to keep his wound aseptic, from the time it is inflicted until healing has taken place.

It will perhaps be as well here to tell you that in the treatment of wounds their *ascpticity* is only one part of the problem which the practical surgeon has to consider. Lister found that the silk ligature was a source of irritation, and hence arose the re-introduction by him of the catgut ligature. The presence of suppuration in an aseptic wound directed his attention to suppuration caused by tension—altogether apart from putrefaction—hence the application of free drainage to all wounds and the avoidance of suppuration from tension. The cat-gut ligature and free drainage were directly the outcome of a study of aseptic wounds. Do not be led into the too common error that Lister's reputation rests only on his application of Pasteur's Law to Surgery. His work is threefold in its strength. Do not imagine that a surgeon, in accepting Lister's teaching regarding antiseptics, thereby necessarily forgets the words of John Hunter: 'The first and great requisite to the restoration of an injured part is REST.'

Many of the most valuable improvements that have benefited mankind have been the result of years of patient and prolonged investigation. These investigations have followed two great lines; the practical man, working by experience and observation, and gradually arriving at some idea of what should be, thinking little of the why; the scientific man, with Bacon as his model, experiment as his mistress, working little by little without any idea of the practical value of his investigations, wading like the practical mind through errors and mistakes, correcting them himself, or having them corrected for him by a future worker, until at last a time is reached when the lines of thought approach one another; then a master-mind, necessarily with both practical and scientific knowledge, able to estimate at their proper worth the value of the sum-total of both lines of workers, grasps the double work, and although at first seeing dimly, he steadfastly perseveres until at last he is enabled to establish some great law which will in the future enable the practical mind to work more intelligently, the scientific mind gaining at the same time encouragement to work on, with the knowledge that each little portion of truthful scientific work will in the future bring forth practical fruit. We have a good example of this in the history of the science of astronomy. After Copernicus had shown that the sun is the centre of our universe, Kepler, by a series of calculations, demonstrated the elliptical pathway of the planet Mars. A hundred years after Newton demonstrated the reason why the planet Mars could only move in an ellipse, and showed how all the other planets necessarily followed the same law. It is well known how Adams and Leverrier, using Newton's Laws, and working in their studies, told the practical astronomer that if on a certain night he would look in a certain part of the heavens he would see a new planet, which we now call Neptune. While Jenner, by acute observation, discovered vaccination, so we now find Greenfield and Pasteur working on the basis of Pasteur's law of fermentation, and demonstrating by experiment that the Bacillus Anthracis, which is the cause of splenic fever, can, if modified by cultivation, be inoculated into healthy animals, and give rise in them to a condition which may strictly be likened to the vaccine fever, and which prevents in them the fatal splenic fever, just as the vaccine fever prevents the fatal small-pox.

If such results have been already obtained by careful experiment, is it not legitimate to expect that before long some general law may be discovered by which the poison germs of other scourges, more nearly allied to ourselves, may be modified so as to enable us to limit in no small degree the dire effects of scarlet fever, typhus, cholera, etc.? Pasteur's law, in consequence of Lister's application, has had a revolutionary influence on Surgery, there is now good evidence before us that it is doing the same for Obstetrics and Medicine.

Do we not, as citizens, learn from what I have said to-day, that it is our duty and our interest to encourage scientific work?

I can imagine a visit to Pasteur's laboratory about the year 1860, by a hard-headed successful man of business, who, judging by immediate results

—a rapid turn over being the essence of successful trade—would certainly ask himself the question, What possible practical good can ever come to me or to my children from this investigation? As certainly do I feel that, in this utilitarian and practical age, he would leave that laboratory impressed with the waste of energy displayed, while he would assuredly admire the patience and perseverance of the investigator.

I ask this same man to go with me at the present day into an operating theatre, and he will undoubtedly, in *all that he sees*, be carried back to that former visit, and he will be the first to acknowledge that his former estimate was essentially short-sighted and hasty.

If our countrymen could only be persuaded of the great immunity from *pain*, and the comparative freedom from *danger* which they can now command, and if it has been demonstrated that these results are directly due to scientific work, based upon experiment, then they would most certainly do everything in their power to aid in fostering the work and encouraging the worker. It must be a law that every truth will in the future bear good fruit. Let each one present remember that 'we are all working together for one end, some with knowledge and design, and others without knowing what they do.'

What lesson do we learn as workers from what I have said to-day? Let some time be given to the culture of the reasoning faculties, devote a certain portion of each day to self-instruction, self-questioning. Let each of us do a little piece of truthful individual work. Make a start: begin at once: get into the way of doing some special work, and like any habit—good as well as bad—it will grow upon you. If of a practical turn, you will work by experience and observation; if of a scientific turn, you will work by experiment. Both have their value; and even if you only take up the *role* of an overturner of false doctrine, or even a critic of true doctrine, you will all have your use, as Marcus Aurelius says—'Men co-operate after different fashions, and even those co-operate abundantly who find fault with what happens, and those who try to oppose it and to hinder it, for the universe hath need even of such men as these.'

One word of warning. The simple treatment of a wound with water dressing was, we now know, imperfect; still the majority were satisfied. Accidents, local and constitutional, were smoothed off and excused by the too common phrase, We had done our best. Let us take care that we do not fall into this error with regard to our present work. As you work, be sure to fight against any temptation which may encourage you to suppose that our knowledge is now perfect. Perfection is not of this world.

Is it too much to ask for encouragement for individual work? Some years ago I tried to show that our extramural school—a most important factor in our system of medical education—owes very much of its success to the encouragement which is given to the individuality of its teachers, every one of whom has chosen that subject to which he has devoted special attention. May I now say a word for the individuality of the taught? May I plead toleration and assistance for the man who desires to develop his mental individuality, who desires to concentrate his mind on some special piece of work? There is need for some one to speak out, to 'use plain discourse,' and to say, that if the public are to require of every candidate for any public duty a universal knowledge, the acquiring of which needs all his energies, then any power which he may originally have had of doing some special work—his individuality, his physical and mental personality—will be crushed out of him. Even our schoolboys are now-a-days required to pass a certain standard, the examination system is in full force even in our infant schools. Would we not have more 'lucidity' if the growth of our intellects was less fettered, simply directed, rather than pruned and trimmed, ordered to do this, forbidden to do that? Any unnecessary interference with the taught at once tells on the usefulness of the teacher. What opportunity have our schoolmasters to develop any special talent in their pupils when their energies are fully occupied in polishing all their material—good, bad, and indifferent—to one standard? The schoolmaster seems now to have little pleasure in life, he is a mill-horse working round a pivot, a mill-wheel supplied with water to do one thing—namely, polish boys.

Let the public see that they take care that those to whom they entrust the education of the medical practitioner are allowed some scope for their imagination, some opportunity to develop the individuality of their students.

The essentially evil feature of centralisation is its want of personality. Our medical schools still possess some personality; it will be a bad day when that is interfered with. This school, to which we happily belong, will lose much of its brightness, will be hampered in its usefulness, if its teachers are compelled to degenerate into polishing machines.

May I ever have before me, as an important part of my duty, the encouragement of the individuality of my students. May I be enabled ever to remember that I am dealing with men, each one of whom has some special ability, every one of whom has some special work. May I endeavour, as far as in me lies, to search out that special ability, to encourage and to direct that special work. Give me your help in the future as you have always done in the past; without your confidence I can do little, with it I will endeavour, by devotion to my duties as your teacher, to maintain the reputation of this school for honest work. Working together, let us day by day feel that something has been attempted, something has been done, and at the end of the session we will be able to look back with an inward feeling that, while far from what it should have been, some advance has been made, some problem has been solved. Remember that to every one present a talent has been given. Let him look to it that he uses that talent aright.

EDINBURGH:
CRAWFORD AND M'CABE, PRINTERS, 15 QUEEN STREET.